

The Early Head Start Family Child Care Project

Purpose

The purpose of this Early Head Start for Family Child Care Project is to design, implement and evaluate a replicable framework that creates a partnership between the Office of Head Start and the Office of Child Care. By building the partnership, this demonstration project will increase quality for all low-income children in Early Head Start designated family child care homes by leveraging comprehensive services.

Overview

Twenty-four ARRA-funded EHS programs will be selected to participate in this demonstration project. Each program will identify a 2-member team; teams will include an Early Head Start staff member, and a member of the child care community with experience partnering with family child care. In addition, each grantee will select, in partnership with ZERO TO THREE, a local Child Care Partnership Coordinator (CCPC) who will consult on the implementation of the program's work plan by providing site-specific, individualized consultation for up to 52 hours each month.

Grantees participating in the demonstration project will engage in the following activities between January and December 2011:

- Attend a 2 ½ day program meeting in Washington, D.C. in January 2011, paid for by ZERO TO THREE
- Develop an individualized project work plan with goals, activities and expected outcomes. Grantees' work plans will indicate how the partnership between Early Head Start and child care will be created.
- Work with their CCPC to obtain materials, supplies and/or professional development that support the program work plan
- Participate in two 1 ½ hour interactive Webinars
- Participate in regular telephone and conference calls to discuss issues and assist in evaluating the framework
- Coordinate and/or link Early Head Start designated family child care providers, EHS, and child care staff to professional development opportunities
- Access a dedicated listserv on a regular basis.

Application Checklist

1. **Prepare the completed application, including:**
 - ❑ Team Information
 - ❑ Early Head Start Program Information
 - ❑ Child Care System Information
 - ❑ Early Head Start and child care partnering agency Letters of Commitment
 - ❑ Nominations of three candidates for the Child Care Partnership Coordinator.
For each candidate include:
 - ❑ Completed Child Care Partnership Coordinator Application Form
 - ❑ Resume
 - ❑ Two professional references
2. Email application to Katharine Sanders (KSanders@zerorothree.org) or fax to 202-638-0851

Application deadline: November 24, 2010

Questions: Please contact Tarwea Duckett at (202) 459-4112 or tduckett@zerotothree.org

TEAM APPLICATION

I. Team Information

Each application must identify a two member team. The team will consist of one person representing the Early Head Start grantee, such as the director/manager, or EHS program coordinator and one person representing a current or promising child care partnership, such as the director of child care services in the community, a family child care specialist with the local Child Care Resource and Referral Agency (CCR&R), a Child Care and Development Fund Administrator, or a staff member of a local family child care professional organization (e.g., National Association for Family Child Care (NAFCC) affiliate or a staffed network). The team members selected should be those people from both agencies who will have primary responsibility for implementing the project in their community.

Team members:

Early Head Start representative

Name _____

Title _____

Direct Phone _____

Email Address _____

Child Care representative

Name _____

Title _____

Organization/Agency _____

Direct Phone _____

Email Address _____

II. Early Head Start Program Information

Early Head Start program:

Legal Grantee Name_____

Address_____

Phone_____

Fax _____

Email _____

Contact person for this application_____

Head Start Regional Office:

Region_____

Federal Program Specialist's Name_____

Type of agency administering the Early Head Start grant:

Community action agency (CAA)

Government agency (not a CAA)

Private/public for-profit

Private/public nonprofit

School system

Tribal government agency

Faith-based organization

Other (please identify)_____

Demographic area/s served:

Rural

Urban

Suburban

Program option(s) currently operated by your Early Head Start program:

| Program Option | Funded Enrollment | Number of Years of Operation |
|-------------------|-------------------|------------------------------|
| Center Based | | |
| Home Based | | |
| Combination | | |
| Locally Designed | | |
| Family Child Care | | |

Is funding to implement the Family Child Care option included in your **FY 11** ARRA-funded EHS grant? _____

Child Care System Information

1. State or tribal lead agency responsible for administering the Child Care and Development Fund within your Early Head Start service area

2. Office of Child Care region:

Regional Program Managers

http://www.acf.hhs.gov/programs/ccb/ta/raaddr/program_managers.htm

3. What is the approximate number of legally-operating family child care providers in your Early Head Start service area?
How many serve infants and toddlers?

4. How are Child Care and Development Subsidy Funds accessed in your Early Head Start service area (e.g., by serving eligible children; through grants and contracts)?

5. How are Child Care and Development Quality Improvement funds made available?

6. What quality initiatives used to support family child care are available in your state and/or local community including initiatives funded through CCDF funds?

IV. Signed Letters of Commitment from the Early Head Start grantee executive director and from the director of the partnering child care organization.

Please attach signed Letters of Commitment stipulating that:

- S/he has carefully reviewed the team's application
- S/he agrees to enable the staff members nominated for this team to commit the time and resources to fully participate in all stages of the Early Head Start for Family Child Care project as defined in the project overview on page 1 of this application packet, including the 2 ½ day January project meeting, the implementation phase, and the ongoing project evaluation

V. Application Questions

Please answer question set 1, 2, or 3 as appropriate. Please develop and submit responses as a team and attach to your emailed or faxed application packet.

1: If your organization **currently operates a Early Head Start, Tribal Early Head Start Head Start or Migrant and Seasonal Head Start** family child care option, please answer the following questions:

- Briefly describe why your team is interested in participating in the Early Head Start for Family Child Care project. Describe the mutual benefits for both programs.
- How many providers do you work with? How many children do you serve in family child care (FCC)?
- How long have you partnered with family child care providers?
- How were the providers recruited and selected?
- How do you support providers in implementing the Head Start Program Performance Standards and in offering comprehensive services?
- How do your community partners support the Early Head Start Family Child Care option? What additional partnerships do you anticipate needing to support the family child care option?
- Are there any existing professional organizations or networks for Family Child Care providers in your Early Head Start service area? If so, describe your partnerships with these organizations.
- Do you currently braid funds from the Child Care and Development Fund (CCDF) and Early Head Start? If so, describe how the funds are braided and the benefits the Family Child Care providers and families have received from the partnership. If not, describe how you would anticipate braiding these funds.
- What strengths do your program and team bring to building a partnership between Early Head Start and family child care?
- What do you see as some of the challenges in building this partnership?

2: If your organization is **beginning to implement family child care** as an Early Head Start program option, please answer the following questions:

- Briefly describe why your team is interested in participating in the Early Head Start for Family Child Care project. Describe the mutual benefits for both programs.
- How many children do you currently serve through family child care? How many do you propose to serve?
- How many providers do you currently work with? How many did you propose to serve?
- What have been your successes and challenges in implementing family child care?
- How do your community partners support the Early Head Start Family Child Care option? What additional partnerships do you anticipate needing to support the family child care option?
- Do you currently braid funds from the Child Care and Development Fund (CCDF) and Early Head Start? If so, describe how the funds are braided and the benefits the Family Child Care providers and families have received from the partnership. If not, describe how you would anticipate braiding these funds.
- What strengths do your program and team bring to building a partnership between Early Head Start and family child care?
- What do you see as some of the challenges in building this partnership?

3. If your organization is **considering offering family child care** as an Early Head Start program option, please answer the following questions:

- Briefly describe why your team is interested in participating in the Early Head Start for Family Child Care project. Describe the mutual benefits for both programs.
- What changes in your community have led you to consider offering family child care as an option in your Early Head Start program?
- What community partnerships do you have in place that might support the Early Head Start Family Child Care option? What additional partnerships do you anticipate needing to support the family child care option?
- How would you anticipate braiding funds from the Child Care and Development Fund (CCDF) and Early Head Start?
- What strengths do your program and team bring to building a partnership between Early Head Start and family child care?
- What do you see as some of the challenges in building this partnership?

Child Care Partnership Coordinator

Each applicant, in partnership with ZERO TO THREE, will select a local Child Care Partnership Coordinator (CCPC) who will assist them in implementing their work plan. Grantees applying to be a part of the project will submit up to 3 candidates to serve as their CCPC. CCPCs will work as contractors for ZERO TO THREE. Their contracts will enable them to provide site-specific, individualized consultation for up to 52 hours each month at a rate of \$75/hour.

Each CCPC will:

- Attend a 4-day meeting in Washington, D.C. in January 2011. Expenses for the meeting will be paid for by ZERO TO THREE;
- Participate in two 1 ½ hour interactive Webinars;
- Participate in regular telephone and conference calls to discuss issues and assist in evaluating the framework;
- Assist programs to develop a project work plan that indicates the goals, activities and expected outcomes;
- Consult on the implementation of the work plan;
- Assist in coordinating and or linking Early Head Start designated Family Child Care providers, Early Head Start and Child Care staff to professional development opportunities;
- Submit requests for funds to purchase materials, supplies and/or staff/provider professional development opportunities that support activities indicated in program work plans;
- Submit monthly reports to ZERO TO THREE indicating the training and technical assistance provided to program, emerging needs and quality improvement indicators;
- Access a dedicated listserv on a regular basis; and
- Disseminate program results when requested.

CCPC Qualifications:

1. Experience working with family child care providers;
2. Familiarity with the Head Start Program Performance Standards, and child care in their community (e.g., Child Care and Development Fund Rules and Regulations and local family child care licensing regulations);
3. Demonstrated experience in serving as a consultant;
4. Demonstrated ability to build partnerships;
5. Ability to facilitate a planning process from development through implementation; and
6. Excellent oral and written communication skills.

Child Care Partnership Coordinator (CCPC) Nomination Form

Please submit the names, resumes, application forms, and names and contact information for 2 professional references for up to 3 candidates for the Child Care Partnership Coordinator (CCPC) position. Please indicate your first, second, and third choice as appropriate.

Name of CCPC Applicant: _____
Day-time Phone Number: _____
Email address: _____

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Email address: _____

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Day-time Phone Number: _____
Email address: _____

Child Care Partnership Coordinator (CCPC) Application

Name: _____

| Prior Experience | Number of Years |
|--|-----------------|
| Early Head Start | |
| Family Child Care | |
| Serving as consultant/mentor/coach | |
| Developing and sustaining community partnerships | |

1. Why are you interested in becoming a Child Care Partnership Coordinator (CCPC) for the Early Head Start for Family Child Care project?
2. Describe your experience working with Early Head Start. With family child care providers.
3. What qualities make a good consultant? Describe your experience and approach to consulting.
4. Describe your work in building and sustaining community collaborations and partnerships.
5. Give an example of a time you worked with a project from development through implementation.

Contact information for two professional references

Name _____

Day-time Phone Number: _____

Email address: _____

Contact information for two professional references

Name _____

Day-time Phone Number: _____

Email address: _____

Child Care Partnership Coordinator (CCPC) Application

Name: _____

| Prior Experience | Number of Years |
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Name _____

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Email address: _____

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Name _____

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Child Care Partnership Coordinator (CCPC) Application

Name: _____

| Prior Experience | Number of Years |
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| Early Head Start | |
| Family Child Care | |
| Serving as consultant/mentor/coach | |
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2. Describe your experience working with Early Head Start. With family child care providers.
3. What qualities make a good consultant? Describe your experience and approach to consulting.
4. Describe your work in building and sustaining community collaborations and partnerships.
5. Give an example of a time you worked with a project from development through implementation. Describe your role and some of the strengths and any challenges you faced in working on the project.

Contact information for two professional references

Name _____

Day-time Phone Number: _____

Email address: _____

Contact information for two professional references

Name _____

Day-time Phone Number: _____

Email address: _____